

## The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health
Division of Food and Drugs
305 South Street, Jamaica Plain, MA 02130-3597
(617) 983-6712 (617) 524-8062 - Fax

Application for Initial Licensure to Process Meat and Poultry in Accordance with M.G.L. C. 94, § 120 and/or 105 CMR 530.000

<ul> <li>DIRECTIONS:</li> <li>Complete the entire two page appl</li> <li>Submit a separate application for e</li> <li>Attach a separate check for each lice</li> <li>COMMONWEALTH OF MASSA</li> <li>■ \$225.00 under \$10 Million in sal</li> <li>■ \$375.00 over \$10 Million in sal</li> </ul>	each facility to be license cense application, made ACHUSETTS. ales				
1. Business Name:				2. Telephone #: ( )	
3. D.B.A. (Doing Business As):					
4. Mailing Address:	Email Address:				
5. Facility Address (if different from #4 above):				6. Telephone #:	
7. Responsible Contact Person:	nsible Contact Person:  8. Twenty-four (2 Telephone #:(		ncy	9. Establishment # (if federally inspected):	
Ownership	Name	,	Address		
10. Individual					
11. Partnership	A B		A B		
12. Corporation: A) President	A				
B) Treasurer C) Clerk	B		B		
ŕ					
13. If Applicant is a Corporation:	A) State of Incorporation:		B) Date of Incorporation:		

		14. Plant v	vill Operate						
Days per Week?		Hours per Week?		Hours per Day?					
15. Estimated Number of Animals to be Slaughtered Weekly									
Cattle	Calves	Sheep	Goats	Swine	Equine				
Chickens	Capons	Turkeys	Geese	Ducks	Rabbits				
16. Estimated	d Weekly Volume of	Fresh Meat or Rea	dy-to-Cook Poultry	to be Disposed in W	holesale Sales				
Beef	Veal	Lamb/Mutton	Goat Meat	Pork	Equine Meat				
Chickens	Capons	Turkeys	Geese	Ducks	Guineas				
17. Estimated Volume of Product to be Prepared and Processed Weekly									
End P	roduct	<b>Total Pounds to be Produced</b>		<b>Total Pounds to be Sold Wholesale</b>					
Processed meats, sa	ausages, etc.								
Sliced products: ba	con ham etc								
*									
Edible fats processor	ed								
Fabricated steaks, r									
dinners and pies, et									
Canned meat or por	uitry								
Boned or cut fresh	meat or poultry								
Equine meat produc	cts								
Other (specify)									
L hereby certify that t	he above information is	s true to the best of my	knowledge and that Ly	uill comply with all app	olicable laws and				
				pertaining to the activit					
				enalties of perjury that I	, to my best				
knowledge and belle	f, have filed all state tax	returns and paid all su	ate taxes required unde	er iaw.					
Date		Owner or Corporate Officer							
If applying as an in	dividual, your Social	Security #:							
TAX OR FEDERA	AL I.D. #		_						
Nata C	. M	11 1d C	1CM. 1 44 3	D1-4:	1.4				
				Regulations may be o 374) or Springfield (4					
State House Dooks	tore rocated in Dosto	11 (011-121-205 <del>1</del> ), I'a	11 101 VOI (200-0 <del>1</del> 0-12	(4	15 10 <del>1</del> -1510 <b>)</b> .				